Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390225		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 05/10/2023	
NAME OF PROVIDER OR SUPPLIER: WELLSPAN EPHRATA COMMUNITY HOSPITAL STATE LICENSE NUMBER: 310301			STREET ADDRESS, CITY, STATE, ZIP CODE: 169 MARTIN AVENUE EPHRATA, PA 17522				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE		COMPLETE	
P 0000	This report is for the new service, Extended Renal Replacement Therapy, beginning on June 18, 2023. Wellspan Ephrata Community Hospital attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.			P 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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Certified End Page

WELLSPAN EPHRATA COMMUNITY HOSPITAL

STATE LICENSE NUMBER: 310301 SURVEY EXIT DATE: 05/10/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY